

**SEMINOLE COUNTY GOVERNMENT**  
**2000-2005 CONSOLIDATED PLAN ONE YEAR ACTION PLAN FOR 2004-2005**  
**NOTICE OF FUNDING AVAILABILITY (NOFA)**

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On October 1, 2004, Seminole County will receive federal HUD funding for projects and activities that benefit low and moderate-income persons/households. Approximately \$3 million in Community Development Block Grant (CDBG) funds, \$1 million in HOME funds and \$94,000 in Emergency Shelter Grants (ESG) will be available. Projects may be implemented by the County, or the County may contract with city governments, nonprofit agencies, for-profit organizations, or other agencies to undertake activities. The three main categories of activities are:

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

**Public Services:**

In 2004-2005, the emergency medical care assistance and the childcare assistance projects will continue to be administered by the Seminole County Department of Community Services. These services are so vital to the community that they will comprise the public services funding for the year. The County reserves the right in 2004-2005 to provide further public service funding if it is deemed to meet the County's high and/or medium needs assessments benefiting low and moderate-income persons/households

**Public Improvements:**

As its first priority, the County will accept funding proposals for improvements to County-designated lower income areas and as a second priority will accept funding proposals from its incorporated municipalities to fund improvements in city lower income areas for:

- ✓ Stormwater Drainage Improvements;
- ✓ Road Improvements;
- ✓ Water/Sewer Improvements;
- ✓ Public Facilities and Improvements;
- ✓ Neighborhood park and recreational improvements; and

As a third priority, the County will accept funding proposals from private non-profit agencies for public facilities and improvements that meet the highest needs assessment of the 2000-2005 Consolidated Plan.

**HOME INITIATIVES PARTNERSHIP (HOME) PROGRAM**

**Housing Assistance:**

The County is not seeking funding proposals for the HOME Program at this time. At a later date, the County will seek competitive proposals or directly fund public/private agencies to assist very low and low income persons/households in meeting the following housing needs:

- ✓ New construction or acquisition, rehabilitation, and rental of housing units at required HOME rent rates, by a certified (in Seminole County) Community Housing Development Organization (CHDO). Priority will be given to proposals that assist senior citizens (age 62+), and/or residents requiring special needs housing;
- ✓ For the administration and implementation of the Tenant-Based Rental Assistance Activity; and
- ✓ For the purpose of providing other affordable housing opportunities for income eligible households.

**EMERGENCY SHELTER GRANTS (ESG) PROGRAM**

The County will accept funding proposals for the ESG Program for operating cost assistance to licensed homeless shelters. The Homelessness Prevention activity will continue to be administered by the Seminole County Department of Community Services.

Two (2) shall be the maximum number of funding requests/proposals for projects/activities by any public or private entity. All proposals are due to the Seminole County Community Development Office (CD Office) no later than 5:00 p.m., March 5, 2004. Faxed proposals and e-mailed proposals will not be accepted.

CDBG and ESG funding applications will be available for downloading and/or printing from the Seminole County Government Webpage at [www.co.seminole.fl.us](http://www.co.seminole.fl.us) on Tuesday, January 20, 2004 or at the CD Office:

Address: Seminole County Community Development Office  
1101 E. First Street  
Rm. 3301  
Sanford, FL 32771

For further information please call or email to:	
Phone:	407-665-7384
E-mail:	<a href="mailto:awhite@co.seminole.fl.us">awhite@co.seminole.fl.us</a> <a href="mailto:rheenan@co.seminole.fl.us">rheenan@co.seminole.fl.us</a>



# **SEMINOLE COUNTY CONSOLIDATED PLAN**

## **DEVELOPMENT PROCESS**

### **CDBG & ESG APPLICATION PACKET**

#### **PROGRAM YEAR**

**2004-2005**

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## **SUBMITTAL PROCEDURES**

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### **TO WHOM AND WHERE:**

ROBERT HEENAN, HUD GRANTS MANAGER  
SEMINOLE COUNTY COMMUNITY DEVELOPMENT OFFICE  
1101 E FIRST STREET  
RM. 3301  
SANFORD FL 32771-1468  
(407) 665-7384

### **WHEN:**

- **NO LATER THAN 5:00 P.M., FRIDAY, MARCH 5, 2004.**
- **SUBMISSIONS RECEIVED AFTER 5:00 PM WILL NOT BE ACCEPTED; NO EXCEPTIONS WILL BE PERMITTED.**

### **IMPORTANT INFORMATION:**

- **COMPLETED PROPOSAL SUBMISSIONS ARE TO BE MAILED OR HAND-DELIVERED. FAXED OR E-MAILED SUBMISSIONS WILL NOT BE ACCEPTED.**
- **IF APPLYING FOR TWO PROJECTS, A SEPARATE APPLICATION FOR EACH PROJECT IS REQUIRED.**
- **THE COMMUNITY DEVELOPMENT OFFICE WILL TIME AND DATE STAMP ALL PROPOSALS.**

**TWO (2) SHALL BE THE MAXIMUM NUMBER OF FUNDING REQUESTS FOR PROJECTS/ACTIVITIES BY ANY PUBLIC OR PRIVATE AGENCY.**

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## **IMPORTANT INFORMATION FOR INTERESTED PARTIES REQUESTING CDBG OR ESG FUNDING**

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On January 18, 2004, the Community Development Office published a Notice of Funding Availability (NOFA) in the Orlando Sentinel and the Seminole Herald listing projects that the County will consider funding for Fiscal Year 2004-2005. In order to submit an acceptable proposal to be considered for funding, please use the referenced NOFA as your guide for funding requests.

Any/all requests for funding not in conformance with the published NOFA and the Community Needs Table found in the back of this application, will not be considered for funding. There will be no opportunity for amending any funding proposal(s) after submission.

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## **MUST MEET ONE OF 3 NATIONAL OBJECTIVES-CDBG PROGRAM**

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All proposed activities must undergo a “triage” process. At first “look” an activity may appear to be eligible, but please be advised that the activity must meet one of the three following national objectives:

1. Benefit low and moderate income persons or households;
2. Aid in the prevention or elimination of slums or blight;
3. Meet a recent community need having a particular urgency because existing conditions pose a serious and immediate threat to health or welfare; for example, a major catastrophe such as a flood or earthquake. This national objective is rarely used.

After meeting a national objective, the application must 1) properly respond to the NOFA and 2) meet a high needs assessment (table included in application). Medium needs assessments are occasionally funded). The needs assessments (high, medium and low) are the “core” of the County’s Consolidated Plan and its One-Year Action Plan, and; 3) qualify as an eligible activity according to the CDBG regulations.

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## **APPLICATION REVIEW AND RANKING**

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All eligible CDBG and ESGP applications will be reviewed and ranked based upon the 5 Year Funding Priorities as defined in the 2000-2005 Consolidated Plan and the NOFA published on 1/18/04 in the Sunday editions of the Orlando Sentinel and the Seminole Herald.

**TWO (2) SHALL BE THE MAXIMUM NUMBER OF FUNDING APPLICATIONS FOR PROJECTS/ACTIVITIES BY ANY ORGANIZATION OR INDIVIDUAL.**

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### **5 YEAR FUNDING PRIORITIES**

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- Public improvements that are located in designated target areas, cooperating municipalities, or other lower income areas.
  - Activities that assist low and moderate income persons to achieve self-sufficiency.
  - Services to provide urgent/emergency health and emergency shelter needs to poverty level residents.
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### **5 YEAR STRATEGIC PLAN**

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#### **PROJECT SELECTION/OPERATIONAL IMPERATIVES**

On July 25, 2000, the Seminole County Board of County Commissioners adopted the following criteria to be used in the project selection process and operational imperatives in order to qualify for funding during the 2000-2005 Consolidated Plan Years:

- Activities that require funds for salaries will be given a very low priority unless funds from another source will be committed for salaries.
- Activities will not be funded unless the organization has developed realistic cost estimates and timetables and is financially stable.
- Program recipients (non-profit organizations, cities, etc.) will be expected to provide matching funds and/or otherwise participate in the cost of their project.

- Financial participation will be expected of individual recipients, particularly for property improvement programs and homeowner housing programs (excepting certain emergency situations).
- Organizations requesting funds will be expected to have sought funding from other appropriate sources before applying to the County.
- Housing development programs and property improvement programs are expected to use quality, long-lasting materials that require a minimum of maintenance or upkeep.
- Recipient organizations must have acceptable past and/or current performance on County-funded projects.
- Cost per unit (housing unit or service unit) will be considered in evaluating proposals.

# **SEMINOLE COUNTY CONSOLIDATED PLAN DEVELOPMENT PROCESS**

## **PROJECT SUBMISSION SHEET**

1. NAME OF PROJECT & FUNDING TYPE: (CHECK ONE) CDBG: ☐ ESG ☐

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2. CONTACT PERSON:

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3. TELEPHONE NUMBER:

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4. NAME OF APPLICANT(S):

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5. ADDRESS OF APPLICANT(S):

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6. LOCATION OF PROJECT (city, neighborhood, community, census tract, etc.)  
[Please Attach Map]

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7. Based upon the NOFA published in the Orlando Sentinel and the Seminole Herald on January 18, 2004, for which of the advertised categories are you seeking funding? \_\_\_\_\_

8. Who will administer and implement the activity?

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9. Number of people to benefit from the project:

	NUMBER TO BE SERVED
Total	
Low/Moderate Income (Less than or equal to 80% of the area media income for the Orlando Metropolitan Statistical Area)	
% Low/Moderate served	

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## PROGRAM DESCRIPTION

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1. HUD Program for which application is being submitted: Check One CDBG ☐, ESGP ☐, and a Description of Project (how grant funds will be used) (If necessary attach additional sheets)

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2. Does this activity presently exist? \_\_\_\_\_ Yes or \_\_\_\_\_ No

If Yes, Where? \_\_\_\_\_

3. Justification: Why is this project needed?

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4. How will your goals, performance and success be measured if you are awarded CDBG, or ESG funds?

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## PROGRAM BUDGET

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### PROPOSED PROGRAM COSTS:

All CDBG funded building construction activity requests must contain the information requested in items a, b and c below. Also, see page 14 items #18 & #19.

- |   |          |
|---|----------|
| (a) Total proposed Design/Engineering Costs | \$ _____ |
| (b) Total proposed Construction Costs       | \$ _____ |
| (c) Total requested CDBG Funds              | \$ _____ |
| (d) *Total project funds you are leveraging | \$ _____ |

\*Leveraging amount should agree with amount on page 12.

**IF APPLYING FOR CDBG FUNDS, PLEASE PROVIDE ALL SOURCES OF FUNDS OTHER THAN CDBG THAT WILL BE USED TO PAY FOR OPERATIONAL COSTS. THOSE SOURCES ARE:** \_\_\_\_\_

### ADDITIONAL FUNDING

What other sources of funds have been sought for this project and what is the status of those requests? Provide documentation that other sources of funds have been sought or are in place and are committed to the project. Please submit the Certificate of Governmental and Non-governmental Assistance Form that is found on Pages 12 and 13.

Please be aware that other sources of funding awarded, in place or committed to a potential subrecipient will have a positive affect in the funding recommendation process.

What is your source of funds to leverage this project?)

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What is the status of the source of funds for this project? (application submitted?, awaiting response?, awarded?)

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## **CERTIFICATION OF ACCEPTANCE OF CDBG REGULATIONS AS THEY APPLY TO REAL PROPERTY**

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### **CDBG**

24 CFR 570.505 of the CDBG Regulations pertains to the usage of real property which is acquired or improved in whole or in part using CDBG funds in excess of \$25,000.

“These standards shall apply from the date CDBG funds are first spent for the property until five years after closeout of an entitlement recipient’s (Seminole County) participation in the entitlement CDBG program or, with respect to other recipients, until five years after the closeout of the grant from which the assistance to the property was provided”.

Anyone awarded CDBG funds, may not change the use or planned use of any such property (including the beneficiaries of such use) from that for which the acquisition or improvement was funded.

**Therefore, Subrecipients awarded CDBG funds more than \$25,000 shall continue to use the real property for the same purpose and serve the same beneficiaries on the same real property for a period of five years as described above. The County and the Subrecipient will execute appropriate legal documents such as deed restrictions or land covenants to ensure compliance.**

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FIRM

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DATE

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AUTHORIZED SIGNATURE

---

OFFICER TITLE

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PRINTED OR TYPED NAME

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## DISCLOSURE FORM

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Answer the following questions by placing an "X" after "YES" or "NO". If you answer "YES" to any one of the following questions, please be advised that your application will not be considered for funding.

Has your agency, any officer or employee or anyone involved in the operation, management, direction or decision making of your agency received a reprimand or a sanction or warning of any nature or been suspended by the Florida Department of Professional and Business Regulation or any other Florida agency (e.g. Department of Community Affairs, Florida Housing Finance Corporation, etc.) or the U.S. Department of Housing and Urban Development or professional association within the last five (5) years?

YES ☐ NO ☐

Has your agency, any officer or employee or anyone involved in the operation, management, direction or decision making of your agency been declared in default, terminated or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years?

YES ☐ NO ☐

Has your agency, any officer or employee or anyone involved in the operation, management, direction or decision making of your agency had filed against it, him, or her, or filed any requests for equitable adjustment, contract claims or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business?

YES ☐ NO ☐

I hereby certify that all statements made are true and accurate. I understand that any misstatement, misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this application. Should my agency receive funding and it is determined at a later date that this statement was misstated, misrepresented or contains falsification of facts, my agency understands and agrees that our Agreement with Seminole County is to be declared null and void and terminated immediately and that all funds spent shall be returned to the County.

\_\_\_\_\_  
FIRM

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
OFFICER TITLE

\_\_\_\_\_  
PRINTED OR TYPED NAME

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## CERTIFICATION OF OTHER FUNDING

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### DETERMINATION OF LEVERAGING AND/OR MATCHING FUNDS TO BE USED FOR THE REQUESTED PROJECT

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Name of Project: \_\_\_\_\_

Please show all other sources of funding to be used on this project which includes any loan, grant, donation, guarantee, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the federal, state or local government, foundation, financial institution or individual or any other source of funds for use in, or in connection with the requested CDBG or ESG project.

I \_\_\_\_\_, being a duly authorized representative of \_\_\_\_\_ hereby certify that, in addition to the assistance being sought through Seminole County Government, other funds ☐will ☐will not be provided for the project.

The following financial assistance will be sought for the project referenced above:

Leveraging Amount	Who are you getting it from?	To be used for:

The information above is a true and complete representation of the financial assistance being provided for this project.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Title]

State of Florida  
County of:

Sworn to (or affirmed) and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_. He/she is personally known to me or has produced FL DL or ID \_\_\_\_\_ as identification.

\_\_\_\_\_  
[Notary's Signature]

\_\_\_\_\_  
[Printed Name]

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## **CDBG-REQUIRED DOCUMENTS CHECKLIST**

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1. Articles of Incorporation/Date of Incorporation
2. Occupational License
3. Bylaws/Purpose of Organization
4. Organizational Chart
5. List of Board of Directors and Occupations
6. If a non-profit organization, submit IRS designation as a non-profit/tax exempt status-501 ( c ) (3)
7. Resume of Program Administrator
8. Resume of Chief Financial Advisor
9. Resume of Staff directly responsible for administrating program
10. Certified Audit (most recent)/year-end & interim financial statements (statements since last audit) If no audit has been performed, please provide sufficient documentation to demonstrate financial solvency. The more information provided by the applicant will be beneficial in demonstrating financial solvency.
11. Proof of current insurance including liability/workers compensation/etc.
12. Proof of a minimum 2-year history serving the community with experience in the area for which funding is being requested
13. Statement indicating that your funding request meets a national objective, and meets eligibility based upon the County's community needs
14. Detailed Project/Program Budget (Page 9 of the application)
15. Information regarding current year grants received and any proposed grant applications for this project
16. Disclosure Form (Page 11)
17. Certification of Acceptance of CDBG Regulations (Page 10)
18. Certificate of Other Funding (Pages 12 & 13)
19. If this request requires any type of building construction activity (renovations, building improvements, etc.), plans /specifications by a licensed /certified engineer/architect *must be submitted* with this request.
20. Signed cost estimates for any type of building construction activity prepared by contractor(s)/engineer(s)/architect(s), and work write-ups which *must be submitted* with this request.

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## **ESG-REQUIRED DOCUMENTS CHECKLIST**

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1. Articles of Incorporation/Date of Incorporation
2. Occupational License
3. Bylaws/Purpose of Organization
4. Organizational Chart
5. List of Board of Directors and Occupations
6. If a non-profit organization, submit IRS designation as a non-profit/tax exempt status-501 ( c ) (3)
7. Resume of Program Administrator
8. Resume of Chief Financial Advisor
9. Resume of Staff directly responsible for administering program
10. Certified Audit (most recent)/year-end & interim financial statements (statements since last audit) If no audit has been performed, please provide sufficient documentation to demonstrate financial solvency. The more information provided by the applicant will be beneficial in demonstrating financial solvency
11. Proof of current insurance including liability/workers compensation/etc.
12. Proof of a minimum 2-year history serving the community with experience in the area for which funding is being requested
13. Eligible under ESG Program as published in the NOFA
14. Source(s) of matching funds identified
15. Information regarding current year grants received and any proposed grant applications for this project
16. Disclosure Form (Page 11)
17. Certificate of Other Funding (Pages 12 & 13)



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## **EVALUATION METHOD**

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The evaluation committee consists of County Staff experienced with the federal CDBG, and ESG Programs and the five year 2000-2005 Consolidated Plan approved by the Seminole County Board of County Commissioners and the US Department of Housing and Urban Development. The committee will make its recommendation to the Board of County Commissioners. Applicants for funding requests shall be aware that their requests will be evaluated in accordance with the evaluation criteria point system as illustrated on the following pages. Applicants are hereby notified and advised to structure their proposal in such a manner as to properly address each of the evaluation criteria.

The Scoring Sheets and Proposals Analyses (Evaluation Criteria) for CDBG and ESG are attached to the back of this application.

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### **FOR SEMINOLE COUNTY COMMUNITY DEVELOPMENT OFFICE USE ONLY:**

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Date Received: \_\_\_\_\_

For CDBG-Meets a National Objective: \_\_\_\_\_

For CDBG-Meets a High or Medium Current Need \_\_\_\_\_

For CDBG- is eligible-by meeting current need and objective \_\_\_\_\_

# ATTACHMENT 1

## Community Needs

<b>Anti-Crime Programs</b>			
	<b>Need Level</b>	<b>Units</b>	<b>Estimated \$</b>
Overall	Low	1	\$250,000
<b>Sub-Categories</b>			
Crime Awareness (05I)	Low	1	\$250,000
<b>Economic Development</b>			
	<b>Need Level</b>	<b>Units</b>	<b>Estimated \$</b>
Overall	Med	14	\$1,350,000
<b>Sub-Categories</b>			
Rehab; Publicly or Privately-Owned Commer (14E)	Med	10	\$250,000
CI Land Acquisition/Disposition (17A)	--	0	\$0
CI Infrastructure Development (17B)	--	0	\$0
CI Building Acquisition, Construction, Re (17C)	--	0	\$0
Other Commercial/Industrial Improvements (17D)	--	0	\$0
ED Direct Financial Assistance to For-Pro (18A)	--	0	\$0
ED Technical Assistance (18B)	Med	2	\$100,000
Micro-Enterprise Assistance (18C)	Med	2	\$1,000,000
<b>Infrastructure</b>			
	<b>Need Level</b>	<b>Units</b>	<b>Estimated \$</b>
Overall	High	72,510	\$13,100,000
<b>Sub-Categories</b>			
Flood Drain Improvements (03I)	High	2,500	\$2,500,000
Water/Sewer Improvements (03J)	High	10,000	\$3,000,000
Street Improvements (03K)	High	50,000	\$6,250,000
Sidewalks (03L)	High	10,000	\$1,000,000
Tree Planting (03N)	Med	5	\$250,000
Removal of Architectural Barriers (10)	Med	5	\$100,000
Privately Owned Utilities (11)	Low	0	\$0
<b>Planning and Administration</b>			
	<b>Need Level</b>	<b>Units</b>	<b>Estimated \$</b>
Overall	High	0	\$0
<b>Sub-Categories</b>			
HOME Admin/Planning Costs of PJ (not part (19A)	--	0	\$0
Planning (20)	--	0	\$0
General Program Administration (21A)	--	0	\$0
Indirect Costs (21B)	--	0	\$0
Public Information (21C)	--	0	\$0
Fair Housing Activities (subject to 20% A (21D)	--	0	\$0
Submissions or Applications for Federal P (21E)	--	0	\$0
HOME Admin/Planning Costs of PJ (subject (21H)	--	0	\$0
HOME CHDO Operating Expenses (subject to (21I)	--	0	\$0

Community Needs (Page 2)

Public Facilities			
	Need Level	Units	Estimated \$
Overall	High	26	\$8,750,000
Sub-Categories			
Public Facilities and Improvements (Gener (03)	High	10	\$2,500,000
Handicapped Centers (03B)	Low	0	\$0
Neighborhood Facilities (03E)	High	5	\$1,250,000
Parks, Recreational Facilities (03F)	High	5	\$2,500,000
Parking Facilities (03G)	Low	0	\$0
Solid Waste Disposal Improvements (03H)	Low	0	\$0
Fire Stations/Equipment (03O)	Low	0	\$0
Health Facilities (03P)	Med	2	\$500,000
Asbestos Removal (03R)	Low	0	\$0
Clean-up of Contaminated Sites (04A)	Low	0	\$0
Interim Assistance (06)	Low	0	\$0
Non-Residential Historic Preservation (16B)	Med	4	\$2,000,000

Public Services			
	Need Level	Units	Estimated \$
Overall	High	16,500	\$8,500,000
Sub-Categories			
Public Services (General) (05)	High	5,000	\$5,000,000
Handicapped Services (05B)	Low	0	\$0
Legal Services (05C)	Low	0	\$0
Transportation Services (05E)	Med	1,000	\$1,000,000
Substance Abuse Services (05F)	Low	0	\$0
Employment Training (05H)	High	500	\$1,000,000
Health Services (05M)	High	5,000	\$1,000,000
Mental Health Services (05O)	*Low	* 0	* \$0
Screening for Lead-Based Paint/Lead Hazar (05P)	Med	5,000	\$500,000

Senior Programs			
	Need Level	Units	Estimated \$
Overall	Med	12	\$1,700,000
Sub-Categories			
Senior Centers (03A)	Med	2	\$1,500,000
Senior Services (05A)	Med	10	\$200,000

**Youth Programs**

	<b>Need Level</b>	<b>Units</b>	<b>Estimated \$</b>
<b>Overall</b>	<b>High</b>	<b>10,511</b>	<b>\$12,000,000</b>
<b>Sub-Categories</b>			
<b>Youth Centers (03D)</b>	<b>High</b>	<b>4</b>	<b>\$2,000,000</b>
<b>Child Care Centers (03M)</b>	<b>High</b>	<b>5</b>	<b>\$1,500,000</b>
<b>Abused and Neglected Children Facilities (03Q)</b>	<b>High</b>	<b>2</b>	<b>\$1,000,000</b>
<b>Youth Services (05D)</b>	<b>High</b>	<b>5,000</b>	<b>\$2,000,000</b>
<b>Child Care Services (05L)</b>	<b>High</b>	<b>5,000</b>	<b>\$5,000,000</b>
<b>Abused and Neglected Children (05N)</b>	<b>High</b>	<b>500</b>	<b>\$500,000</b>

**Other**

	<b>Need Level</b>	<b>Units</b>	<b>Estimated \$</b>
<b>Overall</b>	<b>Low</b>	<b>0</b>	<b>\$0</b>
<b>Sub-Categories</b>			
<b>Urban Renewal Completion (07)</b>	<b>Low</b>	<b>0</b>	<b>\$0</b>
<b>CDBG Non-profit Organization Capacity Bui (19C)</b>	<b>Low</b>	<b>0</b>	<b>\$0</b>
<b>CDBG Assistance to Institutes of Higher E (19D)</b>	<b>Low</b>	<b>0</b>	<b>\$0</b>
<b>Repayments of Section 108 Loan Principal (19F)</b>	<b>Low</b>	<b>0</b>	<b>\$0</b>
<b>Unprogrammed Funds (22)</b>	<b>Low</b>	<b>0</b>	<b>\$0</b>

**SEMINOLE COUNTY, FLORIDA**  
**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)**  
Score Sheet - Proposal Analysis  
Fiscal Year 2004 - 2005

Name of Agency: \_\_\_\_\_

Previously Received Funding: ☐ Yes ☐ No

Amount Requested: \$ \_\_\_\_\_

Summary of Proposal: \_\_\_\_\_

Total Score: \_\_\_\_\_

**Section I: Proposal Analysis****Requirements****Meets Requirements****Explanation / Notes**

Requirements	Meets Requirements	Explanation / Notes
1. Articles of Incorporation / Date of Incorporation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Occupational License	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Bylaws / Purpose of Organization	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Organizational Chart	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. List of Board of Directors and Occupations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. IRS designation as a Non-profit / tax exempt status - 501 ( c ) (3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Resume of Program Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Resume of Chief Financial Advisor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Resume of Staff directly responsible for administering program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Certified Audit (most recent) / year end & interim financial statements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Proof of current Insurance-including liability /workers compensation/etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Proof of a Minimum 2-year history serving local community	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Eligible CDBG Program-meets a National Objective & County Current Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Detailed Project / Program Budget	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Info on current year grants & any proposed grant applications	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Disclosure Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Certificate of Acceptance of CDBG Regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Certificate of Other Funding	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Plans & Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Professional Cost Estimates signed by licensed individual/firm	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section II:

**Qualitative Analysis** (In addition to providing request documents and information, how well does the agency present its case for funding)

<p><b>1.</b></p> <p><b>Project Description</b>  <i>Including but not limited to:</i></p> <ul style="list-style-type: none"> <li>a) Description of proposed project/activity</li> <li>b) Population to be served; Specific services to be provided</li> <li>c) Number of clients to be served; Definition and cost of unit of service</li> <li>d) Service area boundaries; location of service(s)</li> <li>e) Explanation of how activity will increase level of service of agency (quantified)</li> </ul>	<p>_____</p> <p>(maximum 10 points)</p>
<p><b>2.</b></p> <p><b>Demonstrated Need</b>  <i>Including but not limited to:</i></p> <ul style="list-style-type: none"> <li>a) Statement of need identified in community (gives source of data) &amp; how activity meets need</li> <li>b) Geographical Service Area (provides map)</li> <li>c) List of similar agencies in area; statement of non-duplication/enhancement of services</li> </ul>	<p>_____</p> <p>(maximum 10 points)</p>
<p><b>3.</b></p> <p><b>Consolidated Plan Priorities</b>  <i>Including but not limited to:</i></p> <ul style="list-style-type: none"> <li>a) Consistency with priority needs of the 2000-2005 Consolidated Plan</li> <li>b) Consistency with responding to the activities being sought as published in the NOFA</li> </ul>	<p>_____</p> <p>(maximum 35 points)</p>
<p><b>4.</b></p> <p><b>Feasibility</b>  <i>Including but not limited to:</i></p> <ul style="list-style-type: none"> <li>a) A program (line item) budget that is reasonable and relates to services</li> <li>b) Demonstration of leverage of funds (CDBG funds not sole source of funds)</li> </ul>	<p>_____</p> <p>(maximum 30 points)</p>
<p><b>5.</b></p> <p><b>Experience and Capacity</b>  <i>Including but not limited to:</i></p> <ul style="list-style-type: none"> <li>a) Length of time agency in operation; purpose of organization</li> <li>b) Agency's background and experience, ability to deliver service, including staff qualifications</li> <li>c) Evidence of ability to perform requirements of Federal regulations (past participation)</li> <li>d) Expected measurable results</li> </ul>	<p>_____</p> <p>(maximum 15 points)</p>
<p><b>Total Points Maximum: 100</b></p>	
<p><b>TOTAL</b></p>	

Additional Comments:


Staff Recommendations:


## SEMINOLE COUNTY, FLORIDA EMERGENCY SHELTER GRANTS (ESG) Score Sheet - Proposal Analysis Fiscal Year 2004 - 2005

Name of Agency: \_\_\_\_\_

Previously Received Funding: ☐ Yes ☐ No

Amount Requested: \$ \_\_\_\_\_

Total Score: \_\_\_\_\_

Summary of Proposal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section I: Proposal Analysis

#### Requirements

#### Explanation / Notes

#### Meets Requirements

1. Articles of Incorporation / Date of incorporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Occupational License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Bylaws / Purpose of Organization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Organizational Chart	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. List of Board of Directors and Occupations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. IRS designation as a Non-profit / tax exempt status - 501 ( c ) ( 3 )	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Resume of Program Administrator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Resume of Chief Financial Advisor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Resume of Staff directly responsible for administering program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Certified Audit (most recent) / year end & interim financial statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Proof of current insurance-including liability/workers compensation/etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. Proof of a Minimum 2-year history serving local community	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13. Eligible under ESG Program-as published in the NOFA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14. Sources of Matching funds identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15. Info on current year grants & any proposed grant applications	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16. Disclosure Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17. Certificate of Other Funding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



# Emergency Shelter Grant (ESG) - Proposal Analysis

FY 2004 - 2005

Page 2

## Section II:

**Qualitative Analysis** (In addition to providing request documents and information, how well does the agency present its case for funding)

1.

### **Project Description**

*Including but not limited to:*

- Description of proposed project/activity
- Population to be served; Specific services to be provided
- Number of clients to be served; Definition and cost of unit of service
- Service area boundaries; location of service(s)
- Expected measurable results

(maximum 10 points) \_\_\_\_\_

2.

### **Demonstrated Need**

*Including but not limited to:*

- Statement of need identified in community (gives source of data) & how activity meets need
- Geographical Service Area (provides map)
- List of similar agencies in area; statement of non-duplication/enhancement of services

(maximum 10 points) \_\_\_\_\_

3.

### **Consolidated Plan Priorities**

*Including but not limited to:*

- Consistency with priority needs of the 2000-2005 Consolidated Plan
- Consistency with responding to the activities being sought as published in the NOFA

(maximum 35 points) \_\_\_\_\_

4.

### **Feasibility**

*Including but not limited to:*

- A program (line item) budget that is reasonable and relates to services
- Demonstration of leverage of funds as match (ESG funds not sole source of funds)

(maximum 30 points) \_\_\_\_\_

5.

### **Experience and Capacity**

*Including but not limited to:*

- Length of time agency in operation; purpose of organization
- Agency's background and experience, ability to deliver service, including staff qualifications
- Evidence of ability to perform requirements of Federal regulations (past participation)

(maximum 15 points) \_\_\_\_\_

Total Points Maximum: 100

TOTAL

Emergency Shelter Grant (ESG) - Proposal Analysis

Additional Comments:

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Staff Recommendations:

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